

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4B	Managing State Cases – Provision/Response, Case Closure Reason <i>CFR 303.11(b)(3)(ii)</i> Sent by Initiating or Responding State: This transaction is used to notify the other state that the case has been closed pursuant to <i>CFR 303.11(b)(3)(ii)</i> , paternity cannot be established because a genetic test or a court or administrative process has excluded the putative father and no other putative father can be identified. Action by Receiving State: Process according to Federal Guidelines. Business Usage Recommendation: In the Action Resolution Date field of the Header, enter the date the case was closed. Provide either the NCP SSN or DOB.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSC4B
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4B		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=C
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4C	Managing State Cases – Provision/Response, Case Closure Reason CFR 303.11(b)(3)(iii) Sent by Initiating or Responding State: This transaction is used to notify the other state the case has been closed pursuant to CFR 303.11(b)(3)(iii) , paternity cannot be established because in accordance with CFR 303.5(b), the IV-D agency has determined that it would not be in the best interests of the child to establish paternity in a case involving incest or forcible rape, or in any case where legal proceedings for adoption are pending. Action by Receiving State: Process according to Federal Guidelines. Business Usage Recommendation: In the Action Resolution Date field of the Header, enter the date the case was closed. Provide either the NCP SSN or DOB.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSC4C
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4C		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=C
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4D	<p>Managing State Cases – Provision/Response, Case Closure Reason CFR 303.11(b)(3)(iv).</p> <p>Sent by Initiating or Responding State:</p> <p><i>This transaction is used to notify the other state the case has been closed pursuant to CFR303.11(b)(3)(iv), paternity cannot be established because: The identity of the biological father is unknown and cannot be identified after diligent efforts, including at least one interview by the IV-D agency with the recipient of services.</i></p> <p>Action by Receiving State:</p> <p><i>Process according to Federal Guidelines.</i></p> <p>Business Usage Recommendation:</p> <p><i>In the Action Resolution Date field of the Header, enter the date the case was closed. Provide either the NCP SSN or DOB.</i></p>	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSC4D
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC4D		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=C
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC13	<p>Managing State Cases – Provision/Response, Case Closure Reason CFR 303.11(b)(12)</p> <p>Sent by Initiating or Responding State:</p> <p><i>This transaction is used to notify the other state the case has been closed pursuant to CFR303.11(b)(12), the IV-D agency documents failure by the initiating State to take an action which is essential for the next step in providing services.</i></p> <p>Action by Receiving State:</p> <p><i>Process according to Federal Guidelines.</i></p> <p>Business Usage Recommendation:</p> <p><i>In the Action Resolution Date field of the Header, enter the date the case was closed. Provide either the NCP SSN or DOB.</i></p>	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSC13
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC13		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=C
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC14	<p><i>Managing State Cases – Provision/Response, Notice of Intent to Close Case CFR 303.11(c)</i></p> <p><i>Sent by Initiating or Responding State:</i></p> <p><i>This transaction is used to provide the other state a 60 day notice of intent to close a case pursuant to CFR303.11(b)(12).</i></p> <p><i>Action by Receiving State:</i></p> <p><i>Process according to Federal Guidelines.</i></p> <p><i>Business Usage Recommendation:</i></p> <p><i>In the Action Resolution Date field of the Header, enter the date the case will be closed. Provide either the NCP SSN or DOB.</i></p>	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSC14
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSC14		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSCAS	Managing State Cases – Provision/Response, Change Local Case ID Sent by Initiating or Responding State: This transaction is used to provide a new case number to the other state. Action by Receiving State: Process according to Federal Guidelines and state procedures. Business Usage Recommendation: Provide either the NCP SSN or DOB. Enter the old Case ID in the Header and the new Case ID in the Information Data Block.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSCAS
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=1
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSCAS		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSCAS		INFORMATION DATA BLOCK	
				STATUS-CODE	=O (Alpha)
				NEW-CASE-ID	Provide new case ID
MSC	P	GSDEL	Managing State Cases – Provision/Response, Delete Dependent Participant Sent by Initiating or Responding State: This transaction is used to notify the other state that a dependent should be deleted from the Interstate case. Action by Receiving State: Process according to Federal Guidelines and state procedures. Business Usage Recommendation: Provide only those Dependent(s) being deleted in Participant Data Blocks. The Participant Status code must equal 'C'. Provide either the NCP SSN or DOB.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSDEL
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSDEL		NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	p	GSDEL		PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=C
MSC	P	GSFIP	Managing State Cases – Provision/Response, Change Local FIPS Code Sent by Initiating or Responding State: This transaction is used to notify the other state of a change of FIPS code and jurisdiction within your state Action by Receiving State: Process according to Federal Guidelines. Business Usage Recommendation: Provide either the NCP SSN or DOB. Provide the new FIPS code in the Header.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSFIP
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFIP		NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFIP		PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
MSC	P	GSFWD	Managing State Cases – Provision/Response, Notice of Case Forwarding Sent by Initiating or Responding State: This transaction is used to notify the other state that a case has been forwarded to another jurisdiction. The case may be forwarded because the NCP was found in another jurisdiction or the Request was directed to the jurisdiction in error	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSFWD

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFWD	Action by Receiving State: Process according to Federal Guidelines Business Usage Recommendation: Provide either the NCP SSN or DOB. Provide information as to where the case is forwarded and an explanation in the Information Data Block. If a new address or employer is found for the NCP, provide this information in the NCP Locate Data Block. If an Order was entered directing/supporting this action, provide information in the Order Data Block.	ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	Fill as appropriate
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSFWD		NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
MSC	P	GSMAD	Managing State Cases – Provision/Response, Medical Insurance Addition Sent by Initiating or Responding State: This transaction is used to notify the other state of medical insurance addition to the NCP policy. Action by Receiving State: Process according to state procedures.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMAD	Business Usage Recommendation: Provide only the Participants added to the policy. If the Participant is a Dependent, enter Dependent-Relation-CP code. Provide either the NCP SSN or DOB.	TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSMAD
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMAD		NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				NCP LOCATE DATA BLOCK	
				INSURANCE-CARRIER-NAME	NCP insurance carrier's name
				NCP-INSURANCE-POLICY-NUM	NCP health insurance policy number
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMDE	Managing State Cases – Provision/Response, Medical Insurance Deletion Sent by Initiating or Responding State: This transaction is used to notify the other state of medical insurance deletion. Action by Receiving State: Process according to state procedures. Business Usage Recommendation: Provide only the Participants deleted from the policy. If the Participant is a Dependent, enter Dependent-Relation-CP code. Provide either NCP SSN or DOB.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSMDE
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=1
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMDE		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				NCP LOCATE DATA BLOCK	
				INSURANCE-CARRIER-NAME	NCP insurance carrier's name
				INSURANCE-POLICY-NUM	NCP health insurance policy number

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSMDE		PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				DEPENDENT-RELATION-CP	Fill as appropriate
MSC	P	GSPAD	Managing State Cases – Provision/Response, Change of Payment Mailing Address/Redirect Payment Sent by Initiating State: This transaction is used to notify the Responding state of a change in the Payment Mailing Address and to redirect payments due to the CP moving into your (the initiating) state and a IV-D case has opened/reopened Action by Receiving State: Process according to Federal guidelines	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSPAD
				ATTACHMENTS IND	=N

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPAD	Business Usage Recommendation: Provide either the NCP SSN or DOB. The transaction must be case specific, no mass updates.	CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	Fill as appropriate
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				PAYMENT-MAILING-ADDRESS-LINE1	New Payment mailing address
				PAYMENT-CITY	Payment City
				PAYMENT-STATE	Payment State
				PAYMENT-ZIP	Payment Zip Code
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPAD		NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
MSC	P	GSPAY	Managing State Cases – Provision/Response, Change of Payee Sent by Initiating State: This transaction is used to notify the Responding state of a change of CP/Payee due to change in custody of the dependent. Action by Receiving State: Process according to state procedures.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPAY	Business Usage Recommendation: List the new CP/Payee in the Participant Data Block. Provide either the NCP SSN or DOB.	OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSPAY
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPAY		NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
MSC	P	GSPUD	Managing State Cases – Provision/Response, Providing Status Update Sent by Initiating or Responding State: This transaction is used to notify the other state of a status update or other information, when another Reason code is not appropriate and free format text is needed to convey information. Action by Receiving State: Process according to Federal Guideline	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPUD	Business Usage Recommendation: Do not use to send mandatory change notices (case events updates). Explain change in status in Information Data Block. Provide either the NCP SSN or DOB.	CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSPUD
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=1
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSPUD		NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)
				INFORMATION DATA BLOCK	
				STATUS-CHANGE-CODE	=O (Alpha)
				INFORMATION-TEXT-LINE 1	Fill as appropriate
MSC	P	GSTYP	Managing State Cases – Provision/Response, Change of Case Type Sent by Initiating State: This transaction is used to notify the Responding State of a change in Case Type due to a change in the assignment of rights.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSTYP	Action by Receiving State: Process according to Federal Guidelines. Business Usage Recommendation: The new Case Type should be entered in the Case Data Block. Provide either the NCP SSN or DOB.	ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSTYP
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)
				CASE DATA BLOCK	
				CASE-TYPE	New case type except Non-IV-D
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSTYP		CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSWKR	Managing State Cases – Provision/Response, Change of Caseworker or Office Sent by Initiating or Responding State: This transaction is used to notify the other state of a change in caseworker or office. Action by Receiving State: Process according to Federal Guidelines. Business Usage Recommendation: Provide either the NCP SSN or DOB.	HEADER	
				LOCAL-FIPS-STATE/COUNTY	Your State/County FIPS Code
				OTHER-FIPS-STATE/COUNTY	State/County FIPS Code where transaction is directed
				CSENet 2000 VERSION NUMBER	003
				TRANSACTION SERIAL NUMBER	Fill as appropriate
				ACTION CODE	P
				FUNCTIONAL TYPE CODE	MSC
				TXN DATE	Date transaction was created
				CASE ID	Your Case ID
				OTHER-CASE-ID	Other Case ID
				ACTION REASON	GSWKR
				ATTACHMENTS IND	=N
				CASE-DATA-IND	=1
				NCP-IDENTIFICATION-IND	=1
				NCP-LOCATE-IND	=0 (Numeric)
				PARTICIPANT-DATA-IND	=1
				ORDER-DATA-IND	=0 (Numeric)
				COLLECTION-DATA-IND	=0 (Numeric)
				INFORMATION-IND	=0 (Numeric)
				OVERDUE-IND	=0 (Numeric)

Function Code	Action Code	Reason Code	Description/Business Usage	Required Data Blocks and Elements* (Data Block Record Layout)	Data Element Description
MSC	P	GSWKR		CASE DATA BLOCK	
				CASE-TYPE	Fill as appropriate
				CASE-STATUS	=O (Alpha)
				CONTACT-NAME-LAST	Your State Contact
				CONTACT-NAME-FIRST	Your State Contact
				CONTACT-ADDRESS-LINE-1	Contact Address
				CONTACT-CITY	Contact City
				CONTACT-STATE	Contact State
				CONTACT-ZIP-1	Contact Zip Code
				NCP IDENTIFICATION DATA BLOCK	
				NAME-LAST	NCP Last Name
				NAME-FIRST	NCP First Name
				SSN-1/SSN-2/SSN-3	NCP SSN
				PARTICIPANT DATA BLOCK	
				NAME-LAST	Participant Last Name
				NAME-FIRST	Participant First Name
				RELATIONSHIP	Fill as appropriate
				PARTICIPANT-STATUS	=O (Alpha)